



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
P.O. Box 570, Jefferson City, MO 65102-0570

MDHSS-BCFNA USE ONLY

NETWORK USER ACCESS REQUEST (SFSP)

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	OFFICE TELEPHONE
XXX-XX-	
NAME (Last Name, First Name, MI)	ORGANIZATION NAME (Must Match SFSP Application)
DIVISION	AUTHORIZED REPRESENTATIVE (Must Match SFSP Application)
DCPH/BCFNA – Summer Food Service Program (SFSP) 888-435-1464	
ADDRESS (PO Box/Street, City, State, ZIP)	COUNTY
	EMAIL ADDRESS OF REQUESTOR

SOFTWARE ACTION REQUESTED

ACTION REQUESTED: ☒ ADD ACCESS ☐ DELETE ACCESS

☒ SFSP web-based system for application updates and claim submission.

COMMENTS

NOTES

Keep a copy of the signed form for your records.

Submit a separate form for each individual needing access. (Copies can be made if needed.)

Access is limited to two users per sponsor.

Submit the completed, signed form by fax to 573-526-3679 OR by mail to SFSP, PO Box 570, Jefferson City, MO 65102.

I, the undersigned, understand that individual user IDs and passwords may not be transferred to others or shared. The individual user or the authorized representative must contact the Missouri Department of Health and Senior Services-Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) in writing if the user is leaving employment or changing job duties so that access may be revoked immediately. I understand that state and federal statutes require confidentiality of information and provide penalties for unauthorized access, use and/or disclosure of information. In addition, I agree not to divulge or share my passwords with anyone. I understand that misuse of another individual's user ID and password will not be tolerated. Access will be revoked immediately, and may only be restored by submitting a corrective action plan to MDHSS-BCFNA detailing how individual passwords will be protected and not shared. Claims for reimbursement submitted through misuse of another individual's user ID and password will be considered invalid, and must be repaid in full to the MDHSS-BCFNA.

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DATE RECEIVED:

USER SIGNATURE (Required)

➤

DATE

AUTHORIZED REPRESENTATIVE SIGNATURE (Must match SFSP application)
(Required)

➤

DATE

MDHSS-BCFNA APPROVAL SIGNATURE

➤

DATE

NETWORK USER ACCESS REQUEST FORM INSTRUCTIONS
FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)

SFSP Sponsors: the sections listed below **must** be completed in order for your Network User Access Request form to be processed:

<u>Section</u>	<u>Information Required</u>
Social Security Number	Last 4 digits of User's Social Security Number
Office Telephone	Sponsor's Telephone Number, with Area Code
Name	Name of individual user to whom ID and password are to be assigned
Organization Name	Must match name on SFSP application
Authorized Representative	Must match name on SFSP application
Address	Sponsor Address
County	Sponsor's county
Email Address	Email address of requestor
User Signature	Signature of individual user
Authorized Representative Signature	Must match name on SFSP application

Before completing and signing the Network User Access Request form, be aware of the following:

- If you would like two user ID's and passwords for your organization, you may photocopy the form. A **maximum** of two user ID's/passwords will be assigned per sponsor.
- Your user ID and password must **NOT** be shared with anyone. It is crucial that you protect your user ID and password, as you are personally responsible for any and all application or claims information submitted under your user ID/password. Make sure you read and understand the statement in the signature box before signing the form.
- You must notify us **immediately** by calling 888-435-1464, if there are staff changes, so that we may delete user access for the person leaving and grant access for a new user if applicable.

We will notify you when your User ID and password have been assigned.

If you have questions please call: 888-435-1464

You may fax your form to the SFSP office at: 573-526-3679

You may mail your form to:

Missouri Department of Health and Senior Services
Bureau of Community Food & Nutrition Assistance
Attention: Denise Mueller
PO Box 570
Jefferson City, MO 65102